



SPOKANE COUNTY SHERIFF'S OFFICE
TRAINING ANNOUNCEMENT



BAC Basic Operator Course

DATE: December 5th, 2012

TIME: 0800-1700

LOCATION: Spokane County Sheriff's Office Training Center
10319 E. Appleway
Spokane Valley, WA 99206

COST: **FREE**

DESCRIPTION:

Upon successful completion, participants will be able to: Meet the operator certification standards established by the State Toxicologist; Identify legal applications for BAC Verifier results; Identify relevant state and federal laws and Supreme Court decisions that impact admissibility and use of BAC Verifier results; Demonstrate proper operation of the BAC Verifier to accurately measure and document blood alcohol concentration.

REGISTRATION:

To register, please complete the attached registration form and send to Deputy John Oliphant by fax (509) 477-6975 or email, jroliphant@spokanesheriff.org.





Revised 9/10

Spokane County Sheriff's Office Training Unit

Application Form
GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:		Agency:			
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: MANDATORY – PRINT OR TYPE @			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Date(s):	

3. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

5. APPLICANT PRIORITY (MANDATORY!) →

If submitting more than one application for this course, check the priority of **THIS** applicant:
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →

@

Confirmation is sent via email, please make sure this section is complete.

7. AUTHORIZATION

Agency Representative Authorizing Attendance:		For SCSO Use Only
Name	Title	_____
Signature	Date	_____

Return completed application form to: Deputy John Oliphant, Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to jroliphant@spokanesherriff.org. For more information regarding the application process, please call (509) 477-3211.

Check out more training opportunities at www.spokanecounty.org/sheriff/training.